

Shaping the Future of EMS in California

FUTURE ROLE OF EMS PERSONNEL VISION SUBCOMMITTEE #8

Mission Statement:

To propose principles to be utilized when defining the future role of EMS personnel that relate to 1) standards of practice, 2) infrastructure, and 3) integration with the health care system.

1. Standards of Practice

Findings

The standards for practice for EMS providers will undergo significant change in the future. Recognized issues which need to be addressed include: EMS provider education, community education/injury and illness prevention, scope of practice, expanded scope of practice/non-traditional roles, interfacility transport/critical care transport, and professional issues. Following are task statements and recommendations to address these issues.

Task Statement 1: Education of EMS providers should be consistent with national standards and should allow for enhanced training where evidence-based studies or local needs indicate the necessity for an expanded scope of practice.

Recommendations:

- C Incorporate the U.S. Department of Transportation/National Highway Traffic Safety Administration (DOT/NHTSA) Curriculum.
- C Academic credit should be available for EMS education.
- C Encourage the movement of personnel from one category to another by constructing curriculum in a progressive manner using, for example, modular or Abridging@ programs.

Task Statement 2: Activities promoting community education and prevention of injury and illness should be a priority for EMS personnel.

Recommendations:

- C Integrate a public education component into primary training programs.
- C EMS providers should be involved in prevention of injury and illness programs (i.e., basic life support, home safety, drowning prevention, domestic violence,

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child abuse, etc.).

- C System structure should have open lines of communication among all community health components inclusive of EMS, hospitals, social services, public health agencies, schools, private enterprise, etc.
- C EMS providers should be able to provide culturally appropriate resource materials to the public (i.e., Do Not Resuscitate forms, clinic locations, immunization schedules, safety information, etc.).

Task Statement 3: Scope of practice should remain adaptable to the needs of the local agencies, however, basic scope should remain intact.

Recommendations:

- C Minimize the jurisdictional barriers that impede the continuum of care.
- C Minimize the jurisdictional barriers that impede accreditation for EMS providers.
- C Recognize differences in the needs of the community in rural and urban settings and evaluate scope of practice as appropriate to those needs.

Task Statement 4: Development of non-traditional roles and expanded scope of practice should be evidence based, with documented community needs and benefits.

Recommendations:

- C Education in traditional roles and basic scope of practice should not be minimized for the benefit of expanded scope of practice or non-traditional roles.
- C Expansion should be accompanied by standardized education, training, and competency based skills evaluation.
- C In considering expanded scope of practice or non-traditional roles, the concept of care should be considered rather than the skill.

Task Statement 5: Due to the unique nature of interfacility transport (IFT) and critical care transport (CCT), these areas need to be evaluated and addressed as a unique entity within emergency services.

Recommendations:

- C The transport of any patient should not compromise the patient's outcome.
- C The assignment of personnel to care for the patient should be based on the acuity of the patient and the competency required to care for that patient.
- C Patients, unless precluded by community resources, should be transported at

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the same level of care they needed within the hospital. If the patient required specialized care just prior to transport, then they require the same care during transport.

- C IFT and CCT require evaluation of non-traditional roles and scope of practice.
- C Education specific to IFT and CCT should be available and required for EMS personnel involved in these activities.

Task Statement 6: EMS personnel should participate in professional activities to further develop the field of EMS as a profession.

Recommendations:

- C EMS providers need to be involved in education, quality improvement, and research activities taking place in the EMS system.
- C EMS providers should pursue college credits and advanced degrees to be instrumental in further development of EMS as a profession.
- C Verifications of education should be maintained and based on recognized needs which are determined through CQI programs or by nationally recognized programs (i.e., PHTLS, ACLS, PALS., etc.).
- C Providers are encouraged to maintain membership in EMS professional organizations.
- C It is essential for EMS providers to display professional behavior and appearance, to be viewed by the community as a profession.

Infrastructure:

Findings

There is a lack of consistency in the California system as regards the relationships between categories of pre-hospital personnel as they relate to each other, to regulatory agencies, and to similar individuals outside California. These inconsistencies exist in their educational curriculum, their title, their permission to practice®, and the ways in which their scope of practice is determined and modified. Following are task statements and recommendations made in an effort to create consistency between and among pre-hospital personnel.

Task Statement 1: The categories of pre-hospital personnel utilized in California should be standardized with national categories.

Recommendations:

- C Recognize the DOT EMS practitioner levels.

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- C Compare current California scope of practice with current DOT categories of personnel.
- C Integrate California practitioner levels into appropriate DOT levels.
- C Recognize the potential for utilization of other licensed health professionals in the pre-hospital setting.

Benefits:

- S Improved ability of personnel to move between states.
- S Universal understanding of titles and practice abilities.

Disadvantages:

- S Logistic difficulty in renaming and readjusting existing personnel categories.
- S Such renaming and readjusting of categories can be confusing to pre-hospital personnel and to those who use the system.

Task Statement 2: The educational process for all categories of pre-hospital personnel should be standardized to include transfer and critical care services.

Recommendations:

- C Evaluate the need to tie all basic educational processes to academic institutions or to utilize a national accreditation process.
- C Continue to work toward standardization of the final testing processes and the course approval mechanisms.
- C Encourage the movement of personnel from one category to another by constructing curriculum in a progressive manner using, for example, modular or **Abridging@** programs.
- C With the desired level of practice and competency in mind, and the probable hours appropriate for training that category of personnel, evaluate training curricula from all levels of practice.
- C Following the above, establish a clear preference for assessment based training vs. educational theory and practice or the proportional mix of same for each category. For example, a 40 hours training course may be deemed appropriate at the public safety level that is 100% assessment based; an EMT-I may require 110 hours, 60% of which may be assessment based, 40% theory and practice.

Benefits:

- S Programs will meet the same standards statewide. An EMT-I trained in a small rural county will have truly received the same initial training and

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testing as an EMT-I trained in a large urban county.

- S The transition from one level of certification/licensure to another will be smooth, both educationally and in practice.

Disadvantages:

- S Potential lack of availability of training in rural areas.
- S Resistance of current programs to adapt/change, particularly if it is perceived that the current system works well.

Task Statement 3: There should be consistency in the processes for certification/licensure and disciplinary procedures for all categories of personnel.

Recommendations:

- C Evaluate current mechanisms for certification/licensure in relation to the scope and practice permissions granted. Consider which categories are or should be certified or licensed to practice statewide and which only locally (either geographically or employer-restricted).
- C Those categories practicing in similar areas (i.e., statewide) should have consistent mechanisms for certification/licensing and disciplinary procedures.
- C Provide additional structure for agencies handling non-centralized disciplinary issues, with the goal of increasing consistency of application of disciplinary measures and creativity of appropriate remediation and supervision.

Benefits:

- S Resources to accomplish certification/licensing and/or disciplinary processes can be concentrated, resulting in the ability to utilize more skilled investigators and to apply processes consistently. For example, a small team of skilled investigators at the state level vs. minimal, if any, skilled investigators in multiple local areas.
- S Application of disciplinary processes would be consistent for more categories of personnel.

Disadvantages:

- S Workload would shift, requiring additional personnel at the receiving level, less at the level losing responsibility.

Task Statement 4: Maintain the need for all personnel performing advanced and invasive procedures to practice only within an organized and authorized EMS system.

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Recommendations:

- C Assure that, as scope of practice is modified, the requirement that pre-hospital personnel practice within organized and authorized EMS systems continues to extend to cover all advanced and invasive procedures.

Benefits:

- S To maintain local medical control.
- S To maintain regulatory agency awareness of provider services.
- S To facilitate comprehensive system-wide quality improvement processes.

- S To maintain consistency among pre-hospital personnel as they relate to other health professionals.

Disadvantages:

- S May be perceived as unduly restrictive.

Integration of Health Care Systems:

Findings

Emergency Medical Services has long maintained its role of providing a public safety net to communities, often independent of other health care systems. EMS should maintain this role while striving to become more fully integrated with community based health care delivery systems.

Task Statement 1: EMS should seek to become an integral part of the health industry and develop cooperative relationships with community health care providers and insurers.

Recommendations:

- C Develop liaisons by collecting and sharing demographic information about community health needs and activities with other public/community health and safety agencies, relevant organizations and governmental bodies.
- C Develop tools that enable the dissemination of community health information.
- C Establish regular and open lines of communications in order to develop mutual understandings of issues between community health care providers.
- C Involve EMS in collaborative efforts to address global health care issues in the out of hospital environment.

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Task Statement 2: Research, identify, and expand nontraditional roles for all practitioners.

Recommendations:

- C Develop proactive programs and coalitions focused on standardizing injury and illness prevention activities and developing methodologies for delivery.
- C Expand beyond the "emergency" scene to emergent and non-emergent roles.
- C Identify methods of developing protocol driven alternate disposition decision making.
- C Get involved in community health monitoring and uniform data collection.
- C Identify delivery models that bridge similar skills sets among various practitioners.
- C Encourage 9-1-1 systems to develop linkages to health care providers to allow for universal access into any part of the health care system.

Task Statement 3: Develop relationships between EMS and academic research institutions.

Recommendations:

- C Seek grant funding for research from federal, private, and health care insurer organizations.
- C Query academic institutions for available postgraduate work.
- C Develop a state data repository and make access available to researchers.
- C Develop guidelines and educational processes for EMS professionals to encourage statistically valid research.

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